



WELL CHILD EXAM - ADOLESCENCE: 16 YEARS
(Meets EPSDT Guidelines)

DATE

ភាគពេញរបាយអាយុ 16 ឆ្នាំ

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|---|---|--------------------------|--|--|
| <p style="writing-mode: vertical-rl; transform: rotate(180deg);">សំណើអំពីការអនុវត្តន៍ដើម្បីបង្កើត</p> | ឈ្មោះរបស់កូលាវា | | ថ្ងៃខែឆ្នាំណែនាំ | |
| | ប្រជិកម្នារោនា | | ច្បាស់លេបបច្ចុប្បន្ន | |
| | នាក់/គ្រោះម្នាក់/បញ្ញា/ការបារម្ភតាមព័ត៌មានដូចតិចស្ថិតិក្សសុខភាពចុងក្រោយ | | | |
| | ពាណិជ្ជកម្ម | | ពាណិជ្ជកម្ម | |
| | <input type="checkbox"/> <input type="checkbox"/> ខ្លួនឯងអាហារពេលព្រៀករួចរាល់ឡើង ។ <input type="checkbox"/> <input type="checkbox"/> ខ្លួនឯងរោគម្នាក់ដែលខ្លួនឯងទិន្នន័យដោយជាមួយ ។ <input type="checkbox"/> <input type="checkbox"/> ខ្លួនឯងសំនួរអំពីការការពារ ។ | | <input type="checkbox"/> <input type="checkbox"/> ខ្លួនឯងរោគម្នាក់ដែលខ្លួនឯងទិន្នន័យដែលខ្លួនឯងរោគនៅសាធារណៈ និង/ឬនៅក្នុងផ្ទះផ្ទាល់ ។ <input type="checkbox"/> <input type="checkbox"/> ខ្លួនឯងសក្ខារាងបាក់ត្រូវណុះារោគនៅឡើង ។ <input type="checkbox"/> <input type="checkbox"/> ខ្លួនឯងត្រូវប្រាក់ត្រូវដោយ _____ ដោយក្នុងមួយយប់ ។ | |
| | WEIGHT KG./OZ. PERCENTILE | HEIGHT CM/IN. PERCENTILE | BLOOD PRESSURE | |
| | <input type="checkbox"/> Review of systems <input type="checkbox"/> Review of family history | | | |
| | Screening: Hearing Screen MHZ R L 4000 _____ 2000 _____ 1000 _____ 500 _____ | | | |
| | Vision Screen R 20/_____ L 20/_____ Development N A <input type="checkbox"/> _____ Behavior N A <input type="checkbox"/> _____ Social Emotional N A <input type="checkbox"/> _____ | | | |
| | Physical: General appearance N A N A <input type="checkbox"/> <input type="checkbox"/> Chest <input type="checkbox"/> <input type="checkbox"/> Skin N A Lungs <input type="checkbox"/> <input type="checkbox"/> Head N A Cardiovascular/Pulses <input type="checkbox"/> <input type="checkbox"/> Eyes N A Abdomen <input type="checkbox"/> <input type="checkbox"/> Ears N A Genitalia <input type="checkbox"/> <input type="checkbox"/> Nose N A Spine <input type="checkbox"/> <input type="checkbox"/> Oropharynx/Teeth N A Extremities <input type="checkbox"/> <input type="checkbox"/> Neck N A Neurological <input type="checkbox"/> <input type="checkbox"/> Nodes N A Gait <input type="checkbox"/> <input type="checkbox"/> Mental Health N A | | | |
| Describe abnormal findings: _____ _____ _____ | | | | |
| IMMUNIZATIONS GIVEN | | | | |
| REFERRALS | | | | |
| NEXT VISIT: 18 YEARS OF AGE | | HEALTH PROVIDER NAME | | |
| HEALTH PROVIDER SIGNATURE | | HEALTH PROVIDER ADDRESS | | |

Guidance to Physicians and Nurse Practitioners for Adolescence (16 years)

The following highlight EPSDT screens where practitioners often have questions. They are not comprehensive guidelines.

Screens for Sexually Active Teens

- Gonorrhea/chlamydia.
- Pap smear.
- Human immunodeficiency virus (HIV).

Hemoglobin/Hematocrit (Hgb/Hct) Screen

- Using your own practice experience, evaluate the need, timing and frequency of hematocrit tests, especially in menstruating teens.

Hepatitis B Vaccine

- For children and adolescents not vaccinated against hepatitis B in infancy, begin the hepatitis B vaccine series during any childhood visit. Give the second dose at least one month after the first dose and give the third dose at least four months after the first dose and at least two months after the second dose.

Tetanus and diphtheria (Td) Vaccine

- Recommend subsequent routine Td boosters every 10 years.

High Risk Behavior

Discuss behaviors such as these:

- Depression.
- Drugs.
- Smoking.
- Sexual contacts (and need for protection and contraception).
- Suicide.
- Guns.

Notes: Immunization schedules are from the Advisory Committee on Immunization Practice of the U.S. Centers for Disease Control and Prevention.

